



# Video Review

## INTRODUCTION

The video tape is to family therapy as the telescope is to astronomy. Science is defined by its field of study and observation. This in turn is inexorably linked to the instruments available. Video tape has opened up new ways of seeing interactive sequences, non verbal behaviour, communication patterns and structures.

Often in verbal case presentations patients or families are described in terms such as passive-hostile, resistant and uncooperative or manipulative. At no time is any mention made of the therapist. In contrast, in a video tape presentation, you cannot not see the therapist in the room as part of the social group and the role he plays in relation to such problems cannot be overlooked.

Today's family therapists live in a global village in which, from their own centre, they can watch work done in Milan, Sydney, Philadelphia, or New York. Perhaps increasingly, therapists learn more of their trade from the screen of the monitor than from the printed word. Most importantly family therapists have the opportunity of learning about their own work by reviewing what they are doing with their supervisors, friends or by themselves.

In 1976 I saw a family in which the identified patient was a school refusing a depressed 10 year old boy who had made suicide threats. On the 3rd viewing of the 2nd interview I noticed that I was caught in an undeclared war with mother, about who would define reality and how it would be defined. She said "my son is much better and happier after the last session, but he still won't talk about school". I responded "most kids don't like talking about school during the holidays". She complained about her son's insistence on going swimming. I said "it has been hot recently." A few minutes later the attention was on her 15 year old daughter. Mother said, "she's very timid and won't stand up to her employers". I made what H.S. Sullivan would call an abrupt transition and asked her daughter what openings hairdressing offered nowadays. She told me it was impossible and that she had made 97 phone calls before she got her apprenticeship. I was genuinely impressed by her inordinate persistence and communicated this to the parents, saying that they must have been very good parents to bring up such an impressive young woman. For the first time in 1½ hours of video tape over 2 sessions the parents looked at each other and even smiled. Then mother, after making numerous negative comments about her family, suddenly changed and made some positive comments. This discovery had a profound effect on my professional development. I actually discovered how the change took place. I also found out that I didn't know about it when it occurred, or on the first two viewings. It highlighted how a positive comment by the therapist could be a powerful agent of change. It also highlighted how difficult it is to see sequences over time and how poor my understanding of therapy was, without reviewing these sequences. It is next to impossible to discover such sequences without the aid of the video tape.

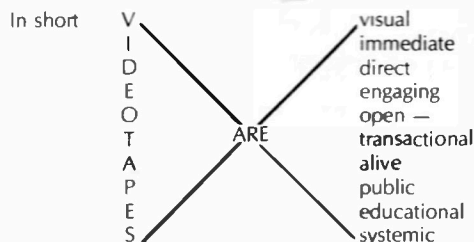
After viewing more tapes of my work with families, it became clear that this positive stance was something I often did with good effect and it seemed a natural way for me to behave.

Over the years I have been fortunate in having the opportunity of watching many therapists at work. I was impressed by the fact that some had a very individual way of joining the family and had a unique impact on it. But unfortunately very few are aware of that unique personal quality which they bring to the encounter with the family. Rarely do therapists know **WHAT** it is that they do to bring about the desired changes.

I recall watching a friend, a very large man with a deep voice, who spoke very slowly, deliberately and seriously as if the words were from Dostoevsky. At times he and some of his colleagues regarded this as a liability, but careful reviewing of his interaction with families demonstrated that his way of speaking had a profound and powerful effect on them which helped in achieving desired goals.

Another therapist was thought to be more at home in philosophy than in psychotherapy. He was also regarded by many as an incurable intellectualiser. On one occasion he responded to a psychotic patient, who had made some confused comments, by saying with some animation that he found his comments most interesting and reminiscent of some of Plato's writings. The patient visibly grew in confidence and stature.

Video tape has made it possible for the psychotherapeutic process to be made public. Thus, both professional and lay people can observe and discuss what takes place. The discussion is based on the raw data of therapy rather than on some theoretical approximation.



Most importantly, since you see it on TV, it is of course the truth.

Having argued so cogently for the importance of video, I have now convinced myself.

So now it is time to get to the point. The aims of the video review section are:

1. To catalogue the video tapes available in Australia and New Zealand.
2. To review some of these tapes.
3. To promote the making and distribution of local teaching tapes.
4. To provide a venue for the discussion of
  - (a) the use of video tape in therapy and teaching
  - (b) technical, moral, ethical and professional issues involved in video taping.

I would like to ask readers to advise me of any local or overseas video tapes which are available to professional audiences.

I am appealing to people to submit their videotapes for review, provided they are available to professional audiences, and they meet appropriate professional ethical and legal standards.

There are many issues which could be discussed in this section. I would like to mention two which have been of particular concern to me. Families who give consent to show the video tape of their therapy may do so without full consideration of the long term implications. For example, if a 15 year old was involved and he or she decided later to study social work or psychology, then the video tape may become a serious embarrassment.

The other issue is "What constitutes a professional audience?" Should the headmaster, nurse, welfare officer, social work students etc. be included? How is the issue to be resolved, by whom — the therapist or some professional body?

It is perhaps both fortunate and fortuitous that in this same issue an article making extensive use of a video tape is presented. This obviates the need for a formal review of the relevant tape. In order to illustrate the format anticipated for review submissions, the relevant details of this video are used in the example set down below.

**TITLE:**

Debbie and her Slurping Stomach

**PRESENT:**

Mr & Mrs Lamb and Debbie (16 year old daughter)

**THERAPIST:**

Moshe Lang

**PLACE:**

Williams Road Family Therapy Centre, 3 Williams Road, Windsor 3181.

**YEAR:**

1979

**CONDITIONS:**

Video — fair to good

Sound — fair

**TECHNICAL DATA:**

¾" cassette, black and white, Pal

**AVAILABILITY:**

Professional audiences only accompanied by therapist.  
Otherwise by special arrangement.

**MOSHE LANG**

Video Review Editor  
3 Williams Road  
Windsor, Victoria